UTRGV School of Podiatric Medicine

Student Research Travel Request and Endorsement Form

Section 1 - Student Information (to be completed by the student)

Student Name: _____

Student ID: _____

Year: _____

Conference/Meeting Name: _____

Conference Dates: _____

Location: _____

Title of Abstract/Manuscript: _____

_____

Type of Presentation: ☐ Oral ☐ Poster ☐ Other: _____

Section 2 — Funding Request (to be completed by the student)

Estimated total travel cost: $_____

Amount requested from SOPM (max $500 per fiscal year): $_____

Amount of SOPM funding already received this fiscal year: $_____

Other funding sources (if applicable):

_____

Section 3 — Student Attestation and Submission

I certify that the information provided above is accurate and complete. I understand that incomplete forms may delay review or funding decisions.

Student signature: _____

Date: _____

After completing Sections 1-3, submit this form to your Faculty Mentor for review and signature.

Section 4 — Faculty Mentor Endorsement

I, the undersigned faculty mentor, attest that:

1. I have reviewed the abstract or manuscript referenced above.
2. The work meets accepted standards of research integrity.
3. The work has been conducted in compliance with applicable research ethics requirements, including IRB, IACUC, or IBC approval where applicable.
4. I support this student's participation in the named conference as a representative of the UTRGV School of Podiatric Medicine.

Faculty Mentor Name: _____

Title/Rank: _____

Department/Affiliation: _____

Signature: _____ **Date:** _____

Section 5 — Department Chair Endorsement

I, the undersigned Department Chair, attest that:

1. The student named above is in good academic standing.
2. The student's attendance record is satisfactory.
3. There are no unresolved scheduling conflicts that would preclude the student's travel during the dates indicated.
4. I support this student's travel and request for travel funding from the UTRGV School of Podiatric Medicine.

Department Chair Name:

_____

Department: _____

Signature: _____ **Date:** _____